

TRANSMITTAL FORM

Application Number	09/921,654
Filing Date	August 3, 2001
First Named Inventor	Amar, Anshul
Group Art Unit	3626
Examiner Name	Pass, Natalie
Attorney Docket No.	ATH-001
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <input type="checkbox"/> Replacement Drawing(s) 	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) 	<input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer <ul style="list-style-type: none"> <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application 	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement <ul style="list-style-type: none"> <input type="checkbox"/> CD(s) for large table or computer program 	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,


 Joseph A. Capraro, Jr.
 Attorney for the Applicants
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600